

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

## Dental Hygiene Anesthesia Permit Renewal

Renew online at [mylicense.in.gov](http://mylicense.in.gov) with your primary dental hygienist license. To renew by mail, send this form with the renewal fee of \$25.00 to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your permit expiration you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. **Your dental hygienist license must be renewed prior to renewing an anesthesia permit.**

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Enter Licensee Name	Enter License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any healthcare license, certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions in any state or U.S. territory?			YES NO
2. Since you last renewed, has any license to practice dental hygiene been denied, withdrawn, revoked, or suspended for disciplinary sanctions in any state (including Indiana) or U.S. territory?			YES NO
3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dental hygiene in any state (including Indiana), U.S. territory or country?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dental hygiene?			YES NO
5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your licensure, including CE requirements and name change requests or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date